

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
C9512019

FILING DATE
2-29-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+					
2	—	+				
3	+					
4	—	+				
5	—	+				
6	+					
7	—	+				
8	—	+				
9	1					
10	1					
11	1					
12	1					
13	1					
14	+					
15	—	+				
16	—	+				
17	—	+				
18	—	+				
19	—	+				
20	—	+				
21	—	+				
22	—	+				
23	—	+				
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	—	+				
32	—	+				
33	—	+				
34	—	1				
35	—	1				
36	—	1				
37	—	+				
38	—	1				
39	—	1				
40	—	1				
41	—	+				
42	—	+				
43	—	+				
44	—	+				
45	—	+				
46	—	+				
47	—	+				
48	—	+				
49	—	1				
50	—	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	—	1				
52	—	1				
53	—	1				
54	—	1				
55	—	1				
56	—	1				
57						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
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9	/					
10	/					
11	/					
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38	/					
39	/					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52						
53						
54						
55	/					
56						
57						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	9					
TOTAL CLAIMS	14					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS